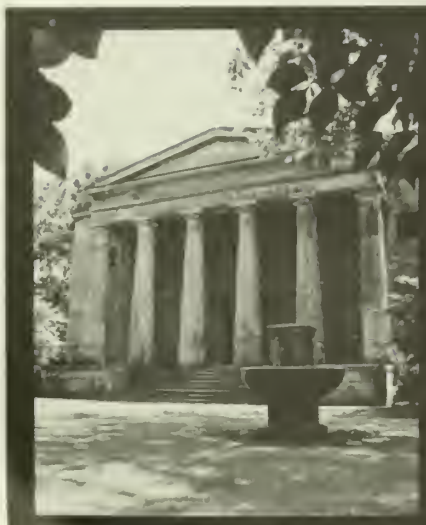
Medical College of Georgia
Fall, 1976 Volume 5, Number 3

# MCG Today




# MCG Today

## Medical College of Georgia

**Fall, 1976 Volume 5, Number 3**

MGC Today is published quarterly for alumni and friends by the Medical College of Georgia, Division of Institutional Relations. Correspondence is invited and may be addressed to 1120 Fifteenth Street, Augusta, Georgia 30901. Second Class postage paid in Augusta, Georgia.

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## Letters

MCG Today welcomes letters to the editor from its readers. Future issues of the magazine will contain stories and articles about current issues and activities of interest about which you may wish to comment. The editors believe that readers of MCG Today should be provided an opportunity to express their opinions. "Letters to the editor" is your opportunity to do so.

Letters to the editor of MCG Today should be signed in order for them to be considered for publication. Writers may request that their names be withheld.

In order for the editors to publish as many letters as possible, writers are asked to keep their letters brief. All letters should be addressed to Editor, MCG Today, Division of Institutional Relations, Medical College of Georgia, Augusta, Georgia 30901.

Let us hear from you!

# Today is for you

MCG Today is a quarterly magazine, made possible by a grant from the Medical College of Georgia Foundation, Inc.

It is the intent of this magazine to inform, entertain and otherwise serve as an important vehicle of communication with alumni and other friends of MCG.

MCG Today has been published and distributed for six years. Recent changes in the editorial staff have allowed this publication to take on a slightly different format. We trust these changes will be of interest to you and will invite your increased participation.

For example, a summary of national news briefs of interest to health professionals has been added. Articles of interest (like the one by Dr. Kenneth Hancock herein) are actively solicited from volunteer authors.

This magazine has always sought letters to the editor from its readers. It is hoped that you will share this opportunity to communicate with others who read MCG Today.

Since its beginning in 1970 both readership and circulation of MCG Today have grown steadily. We look forward to this growth continuing.

It is hoped that you will continue to find MCG Today interesting and informative and that you will take a more active part in it in the future.

# Toward 150 years

As the Medical College of Georgia moves toward its 150th anniversary in December 1978, many of its long-time friends are recognizing the significant impact it has made on the health of so many millions of Americans.

With this recognition comes a sense of personal responsibility to insure that Georgia's health sciences university will be able to continue this proud heritage. Many have recognized the growing need MCG has to retain outstanding faculty and to recruit new ones and to enable qualified students to receive a first rate education regardless of financial background.

This is why the MCG Foundation, Inc. is involved in a major fund raising program—the first ever conducted in its 148-year history. Our friends are investing financially in MCG through the Sesquicentennial Fund. It provides endowment which enables MCG to be competitive in the educational marketplace.

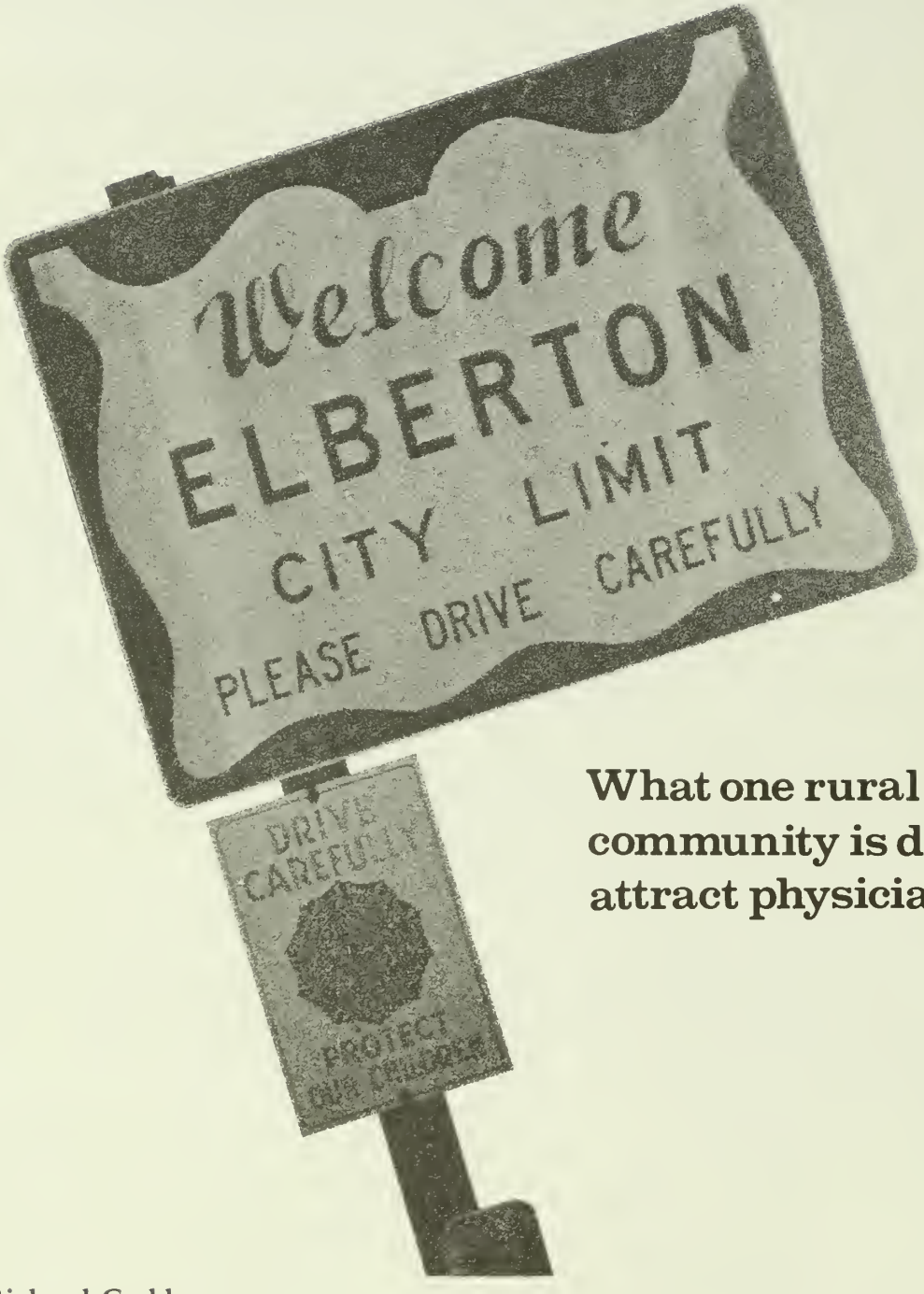
For those who have invested in the future of MCG, the Foundation salutes you and expresses its sincere appreciation and thanks. If you haven't, it's not too late.

Full details on the campaign to date are presented inside this issue.

**The Medical College of Georgia**
*cordially invites you to be its guest*
*Wednesday, October 13, 1976, 2:00 P.M.*
*for*
*The official dedication and*
*grand opening of the*
**Virgil P. Sydenstricker Wing**
*of Talmadge Memorial Hospital*

*and*
*The official dedication and*
*open house of the new*
**MCG Alumni—Foundation Center**
*9:00 A.M.*

*Tours for alumni and guests 9-11 A.M.*
*Luncheon honoring faculty emeriti 12 noon*
*Open house at the Alumni—Foundation Center*
**Plan now to attend • Enjoy a day on campus**
**For Information: (404) 828-2515**




# What one rural Georgia community is doing to attract physicians

By Richard Crabbe

Granite is one thing Elberton has in abundance. So much, in fact, that the northeast Georgia town proudly declares itself the "Granite Capital of the World." Along with its proliferation of quarries and finishing plants, Elberton exhibits all the trappings that come with economic well-being: banks, service stations, fast-food restaurants and a shopping center or two.

There is one thing, however, that Elberton does not have in sufficient numbers. Physicians.

Elbert County—of which Elberton is the county seat and primary urban center—had an estimated 20 medical doctors in the 1930's. But as time wore on, one by one, the physicians died or retired. The erosion of the medical community was so slow as to be virtually unnoticed. One day the citizens of Elberton awoke to find an acute shortage had descended upon them and no solution was in sight.

"I was amazed," says C. S. "Bo" Coogler, head of Elberton's preceptorship/physician recruitment committee. "This was disturbing to us... here we were getting new industry and building the per capita income, but one thing we weren't doing was providing adequate health care.

"We lived here all our lives and sort of expected medical help to be there."

The problem of finding doctors who are willing to move into rural areas and establish permanent practice was compounded by a

movement which began in the nation's medical schools in the late 1940's.

"Thirty years ago there was a marked movement to get everybody to specialize," remarks Elberton physician Dr. J. B. O'Neal, Ill. "If you didn't specialize, you were made to feel you were practicing second-class medicine."

"This pressured many students to specialize, and the ones who did, didn't go into rural areas." Dr. O'Neal adds that the crushing burden of one physician caring for an unusually high number of patients may have also contributed to the present shortage of doctors in Georgia's small towns.

"MDs feel responsible for the entire population. They can't say 'I'll just look after 100' and let the rest go, so they end up being overworked. It's a large demand and they can't get away from it."

Dr. O'Neal admits his original presence in Elberton was not by design. He had intended to set up practice with a fellow physician in Florida following his release from the military in 1947. The side-trip to Georgia was only to last a month or two, just long enough to give his father-in-law a break from his practice. O'Neal never left.

Accidents, though, don't woo too many doctors to rural environments, so O'Neal, in what he calls "the only original thought I ever had in my life," approached the Medical College of Georgia's newly-established department of family practice with a proposal.

Dr. William Lotterhos was then chairman of the department and had invited Dr. O'Neal to serve as a part-time faculty member. "We decided one thing to be done was to solve the problem of getting physicians into rural areas," recalls Dr. O'Neal. "We needed to get residents in contact with rural situations through preceptorships."

With the bargain struck between the Medical College and himself, O'Neal returned to Elberton and approached a group of citizens with his plan. The community would provide funds through private donations and local government subsidies to assist family practice residents serving in a local preceptorship program. It was a program that would not only give the residents exposure to the practice of medicine in a rural setting, but alleviate the often over-loaded physician schedule.

"We didn't have a plan to work with," says Coogler. "It was sort of like probing around in the dark... no one else had done it before as far as we could see."

That fact alone makes the program even more unique. It is apparently the first attempt by a community to attract physicians with the idea of establishing permanent practices rather than by "buying," doctors.

"We don't agree with the idea of buying medical help," says Dr. O'Neal. "We're trying to show doctors what we've got, but they have to make the decision. If a doctor is the type we want, he'll go along with this idea...if they're looking for a good opportunity, they'll come here."

The development of the program took 18 months. O'Neal, Coogler and Elberton Star editor Bob Williford were among the leading proponents of the preceptorship/recruitment program. They, along with others, spoke before numerous area groups—civic groups, governing bodies and anyone else who would listen. At one point, as the campaign neared its peak, more than 300 people showed up for a $25-a-head dinner that was expected to draw no more than 40 or so.

"It was a hit-or-miss affair," remarks Dr. O'Neal, "but the people had an interest. We almost couldn't seat them all...Bill Moretz came to speak and I think he was more surprised than we were at the turnout."

Donations from this and similar events, as well as from the Elbert County Commission and the city administration enabled the committee to rent—on a permanent basis—an apartment in which the

*MCG Senior Medical Student, Wayne Hill (top); Elberton Physician, Dr. J. B. O'Neal III (bottom).*

visiting residents could room during their stay.

"The apartment has only been occupied about 50 per cent of the time, but the people want to keep up the program," remarks Dr. O'Neal. "We only spent $8,000 last year and we've succeeded in attracting a physician."

The physician to whom Dr. O'Neal refers is Dr. Rick Shuman, who recently joined O'Neal's practice. Dr. Shuman was the first MCG family practice resident to participate in the preceptor program and through this exposure he saw the merit in establishing a rural practice.

"We attribute this success to the fact that he (Shuman) had a contact here," Dr. O'Neal comments. "At first I'm sure he didn't even know where Elberton was. But that first 30 days helped attract him. If he'd just come up here on his own, he probably wouldn't have wanted to stay. But he had that contact."

Dr. Shuman may soon be joined by another MCG resident, Dr. Glen Poon, who Dr. O'Neal feels "wants to come back another couple of months" after his first stay in December.

O'Neal and company are hoping for more additions to the Elberton medical community in the near future, but with the initial success behind him, O'Neal is setting his sights on a more ambitious project.

Based on the premise that maldistribution rather than insufficient numbers is the cause of doctor shortages in many rural areas of the state, Dr. O'Neal feels a state-wide program similar to the Elberton plan is in order.

"I would propose a preceptorship chair at the Medical College with individual communities contributing to the funding of the chair. For instance, the 40 or so counties in our part of the state could probably come up with something like $200,000 and for their investment would have a direct contact with the Medical College."

"The communities could call on the individual occupying the preceptorship chair to investigate their local situations...and where appropriate help set up preceptorships to help fill their needs. The preceptorship chair would serve as a 'clearing house,' " says Dr. O'Neal. "This is something the Medical College sorely needs—it needs to make the people of Georgia feel the Medical College cares about them, to get the people involved. If a community puts money into a program, they'll be interested."

Dr. O'Neal's proposed chair would be filled by a physician drawn from private practice, one who would necessarily have to spend much time away from the Medical College on the road, a "physician-organizer" says O'Neal.

Initial funding, Dr. O'Neal continues, would be sought from organizations like the Association of County Commissioners and the Municipal Association in the first year, but he feels it could be sustained by the participating communities in subsequent years.

The net result of O'Neal's three years of work could turn out to be one solution to the inadequate number of physicians in Georgia's rural areas. The physicians are available, says O'Neal. It's just a matter of showing them that they can make a comfortable living in the rural sector.

"This program would have a profound effect on solving the medical problem in the state." he concluded.

*Elbert County Courthouse, Elberton, Georgia*

# Fifth Pathway at MCG to Meet requirements of H. B. 1560

**By Julie Guillebeau**

During the 1976 General Assembly, legislation was enacted which directed the Medical College of Georgia to develop a clinical training program for US citizens studying in foreign medical schools.

Specifically, the bill (H.B. No. 1560) provides for those Georgia students who studied medicine in a foreign school to substitute the internship or social service required by the foreign country for an academic year of supervised clinical training prior to entrance into the first year of AMA approved graduate education.

Dr. Fairfield Goodale, who assumed his responsibilities as dean of the School of Medicine April 1, had as one of his first duties the establishment of this program.

There are two ways foreign medical students can enter the American medical education system, COTRANS (Coordinated Transfer Application System) and **Fifth Pathway**. The Fifth Pathway, says Dr. Goodale, is the program that will be used to meet the requirements of H.B. 1560. However, COTRANS students also will be accepted.

In the accompanying interview with MCG Today writer, Julie Sechler, he discusses the programs, as well as the foreign medical graduate situation in general.

MCG Today: What is the difference between the two programs?

GOODALE: Fifth Pathway students enter a totally different type of curriculum from regular medical or COTRANS students. They will have finished four years in the foreign medical school, and they will have to meet the qualifications of our committee here, which deals specifically with applicants for both COTRANS and the Fifth Pathway, in other words, transfer students from schools outside the country, not transfer students from schools in this country. This committee has the following requirements: first, they must review the pre-medical records, the MCAT scores, and grade point averages. Secondly, the applicant must have passed, successfully, part one of the National Boards. The third qualification for these students is that they have successfully completed their four year program in the foreign medical school. Lastly, and this is important, that they need to have a personal interview with at least two of the committee members.

COTRANS students however, enter the regular academic program. They must meet the same admission criteria as the Fifth Pathway students, (except for completion of three years in foreign medical schools) but they enter into the third year, and are graduated with the MD degree.

Those in the Fifth Pathway never have the MD degree, which means that legitimately, they cannot claim the degree. All a program which we mount for them can offer is to educate them, as best we can, to enter an internship or first year residency program in this country. This means that we have 10 or 11 months, at the most, to do this. I just can't see how in 10 or 11 months it is going to be really feasible to complete this process. Whereas, if they enter our third year, they have then two more years and they finish with an MD degree.

MCG Today: These admission qualifications aren't really any different than what we expect of anyone here, are they?

GOODALE: That's correct. This whole problem of Americans in foreign medical schools is one that I think would be a great mistake to look away from or pretend is not there. It is here, and it represents a problem which I hope will diminish as the years progress. We will be, I think, throughout this country taking more medical students as the years go on. Probably we never will be able to take as many as are qualified to go to school. I hope there will be fewer and fewer students going to these foreign medical schools, because the education programs are not as sound as they are in this country.

MCG Today: We're saying that these Americans studying in foreign medical schools are a valuable resource for us, yet we didn't accept them to our schools in the first place, why?

GOODALE: I think the usual problem is that they find themselves with grade point averages which are lower than necessary and MCAT scores which are lower than necessary. The grade point average often ends up low because the student may not realize until the second or third year that he wants to become a medical student, and by then he may already have had one or two bad semesters. It is so difficult for any admissions committee to evaluate by interview whether or not a person is going to successfully negotiate the first two years, much less whether he or she is going to be a good clinician,

good with patients. You can reasonably estimate whether a person is going to do well the first two years by the MCAT and the grade point average. We don't have any useful instrument at the moment which tells us how well a person is going to relate to patients.

MCG Today: I understand we will be prepared to accept Fifth Pathway and COTRANS students this fall, do you foresee any problems?

GOODALE: One of the problems which we're going to have with this Fifth Pathway is that if there are qualified applicants for it, we don't have any money. The bill which the assembly passed does not provide us with any funds. Based on figures from other schools, an average cost per student for the Fifth Pathway is around $27,000. The reason for this is that you can't plug these students into a regular program since much of their work has to be tutorial.

There is one other thing, which is, that two years after we accept the first COTRANS applicant, this was written into the bill, we can discontinue the Fifth Pathway.

MCG Today: How many do you anticipate applying for the program?

GOODALE: It's very hard to estimate numbers at the present time. We've had several applicants who met the requirements for COTRANS. We have not had any applicants for the Fifth Pathway, primarily because, I think, until just recently there had not been a program here. But, the bill states that we have to have a program ready, which we will, for this coming year. It doesn't say anything about COTRANS; and our only limitations on taking qualified applicants into that program is one of total numbers. We can't exceed 180, which is the number we are accredited to take by the LCME.

*Presently MCG has accepted two COTRANS students. One was eligible for the Fifth Pathway, but elected COTRANS. Dr. Goodale also notes that both passed part one of the national boards at or above the national level.*

*Both studied in Mexico, one at Guadalajara and the other at Monterey. They have entered the third year.*

MCG Today: All things considered, it would seem that COTRANS is the more preferable program.

GOODALE: The better program is the COTRANS. This brings them back to this country after they've completed the equivalent of two years of our curriculum. They don't start clinical lectures until the third year. From either the students' or our standpoint, COTRANS is the best choice.

MCG Today: Dr. Goodale, do we have a responsibility to these students, who unable to gain admission to our schools, study in a foreign school?

GOODALE: Absolutely, I think we do. There are a very large number of American students who are in medical schools in other countries, as you know, and the number is very hard to determine, probably somewhere between 6000-8000. How many of these are Georgia residents is almost impossible to determine. We know more or less how many there are in Guadalajara (Mexico). We have no idea, really how many may be in Spain, or France or the Phillipines, or some other school.

MCG Today: But, are we not educating enough physicians?

GOODALE: I don't think that there is any clear indication at the present time whether we're educating enough physicians or not. The problem, as you know as well as I do, is more of distribution, mostly geographic & specialty distribution rather than total numbers. I think if a system can be worked out by which the distribution can be improved, then probably the number of physicians, which annually is now around 15,000, is going to be enough. It's very hard to estimate how fast our population is going to grow and the needs from that standpoint, but I think it's not so much a problem of total numbers as it is distribution.

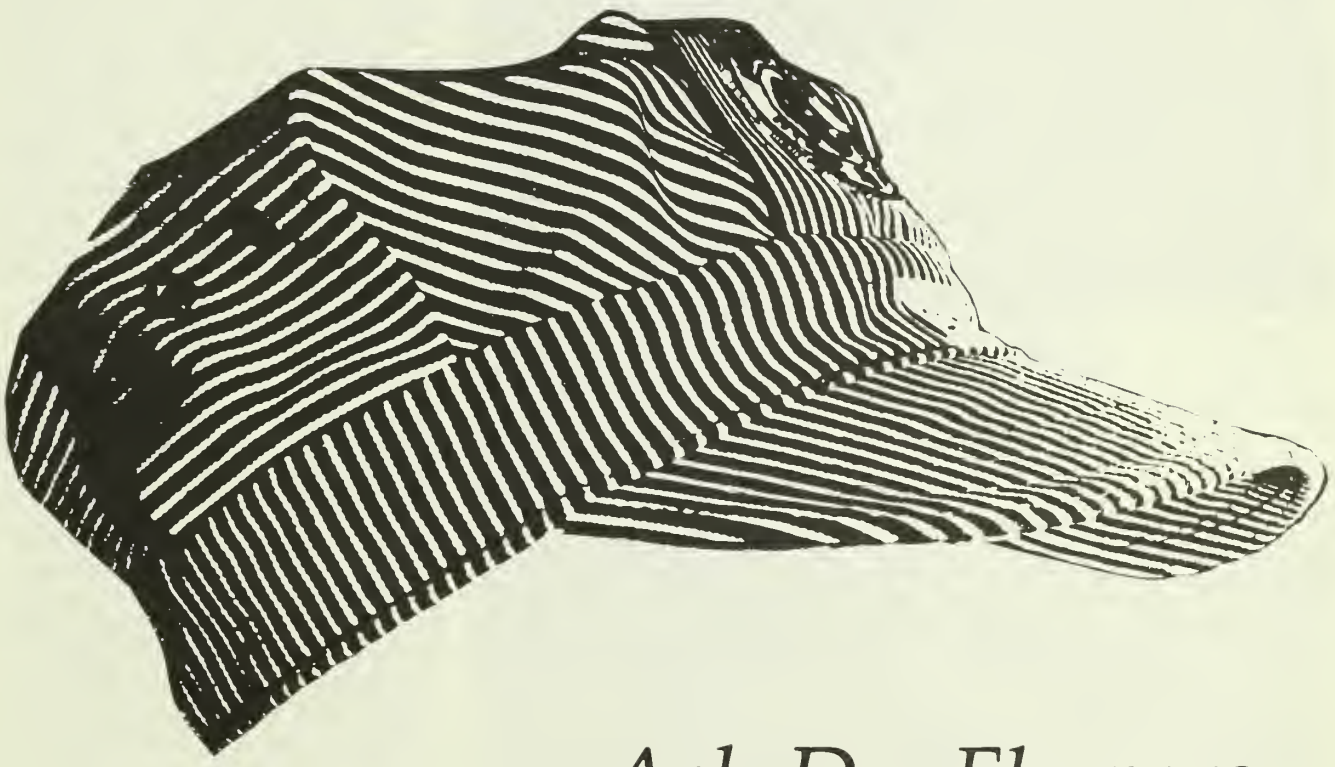
MCG Today: If the number of students currently in American schools, coupled with those Americans in foreign schools is sufficient, why then do we permit large numbers of foreign medical graduates to immigrate and establish practices here... particularly, when we say their academic system does not equal ours?

GOODALE: When you say there is a large number of foreign medical graduates practicing in this country, you're correct—a very large number. And, I think it's also true to say their medical educational background is, in many instances, not as strong as ours. But, this doesn't necessarily make them unqualified to practice medicine. I've had contact with a number of well-trained investigators and physicians who are from other countries; some of them are very good indeed.

I think people are upset because, in many instances, students in this country who are well qualified are not getting into the medical schools, and at the same time, the government is bringing a number of physicians into the country. It doesn't really, in the face of it, make very good sense. I think it was Mr. Casper Weinberger, when he was secretary, (HEW), who was interested in bringing these physicians into this country. Largely, I think, from an economic standpoint. It was a means of having numbers of physicians in this country; it was less costly than for us to educate them. In general it cost between 18 and 25 thousand dollars a year for us to educate one medical student. So this was an economical resource.

MCG Today: Thank you Dr. Goodale.

*Everything you've always wanted to know about trains...*



# ...Ask Dr. Flowers

**By D. G. Nichols**

Empire Builder is a familiar term to most corporate executives. Nancy Hanks could be the proverbial girl next door. The Broadway Limited might be a New York City bus, Twentieth Century Limited, a film-making company, and the City of Los Angeles, one of California's largest population centers.

They might well be, but they are also the names that railroad companies have given their passenger trains. And if there is anything you'd like to find out about them, or about trains and railroading in general, just ask Ed Flowers.

Dr. T. Edward Flowers (Class of '59) has been collecting model trains and railroad paraphanalia for almost 15 years. He's also gathered plenty of information about trains during that time.

Model trains, and the pleasure they create, is a hobby enjoyed by the entire Flowers family, which includes Mrs. Flowers, two sons and two daughters.

The first train in Dr. Flowers' collection came to him in the early 1960s from a cousin. Dr. Flowers explained that when he was a young child, his father, who was a candy store merchant, had acquired two train sets as premiums for selling a lot of Baby Ruth candy bars. These became Christmas gifts for young Ed and for his cousin—a girl. According to Dr. Flowers, "My cousin took better care of her train set than I did mine."

Today, that original Lionel O gauge has lots of company. Most folks are familiar with O guage and HO guage trains. Dr. Flowers has many of those. But there are other sizes, too. From largest to smallest there are Standard, O, S, HO, N. Z, and TT guages of trains, many of

*In addition to his collection that fills his attic, Dr. Flowers has recently acquired a model train layout measuring about 500 square feet, which he keeps in his basement. He is in the process of completing the intricate electrical circuitry, and is willing only to commit to "sometime in the future" as the date for expected completion of the layout.*

*Part of Dr. Flowers' railroadiana includes this set of original dinnerware from the Capital Limited which is the train that ran from Baltimore to Washington to Chicago.*

which Dr. Flowers also has in his collection. He has brass trains, foreign trains, original trains, passenger trains, freight trains, light trains, heavy trains. He has trains for trading, trains for bartering, trains for play and trains for display.

He also has model trucks and cars he is beginning to collect, and an assorted collection of railroadiana: lanterns, locks, timetables, pullman steps, semaphores, train station telephones, crossing signs, and a shovel (probably for coal) that is stamped "Georgia Railroad".

Dr. Flowers is a member of The Train Collectors Association, the National Model Railroad Association, and the National Railroad Historical Society. For several years the regional chapter of TCA had held its meetings at Dr. Flowers' home.

As for travel, you've probably already guessed, Dr. Flowers uses trains as much as possible. In June, he attended a national collectors meeting in York, Pennsylvania, and he took the Southern Crescent. "It goes to Boston, if you want to go that far," he said. Several years ago, (maybe when the "See America First" ad campaign started) Dr. and Mrs. Flowers went by train from Atlanta to Washington, to Baltimore, to Chicago, to Los Angeles, to Seattle, to Washington, to Atlanta.

Trains are very much a part of Dr. Flower's life. But, that is not the only thing that makes him unique and interesting. Yes, he is a physician—an opthalmologist, but his love for farm animals led him from undergraduate work at Emory University to the Doctor of Veterinary Medicine degree from

the University of Georgia as well.

After a few months of practice, problems with his back prevented Dr. Flowers from doing further work in this field, so he became a businessman—helping his father operate his tobacco shop for two years. Then he entered the Medical College of Georgia where he received his M.D. degree in 1959. Internship and residency in Opthalmology followed at Erlanger Hospital in Chattanooga. He was the hospital's first opthalmology resident. Dr. Flowers opened his practice in Rome in 1964.

What has train collecting to do with the practice of medicine? According to Dr. Flowers, "My vocation supports my avocation." Dr. Flowers said "Train collecting and operating is a great way to relax and a particularly attractive way to invest money." He cited several examples of how his original investment had increased in value by 300 to 800 percent. For example, "I bought a Lionel Boston and Maine switcher for $24 about four years ago and today it is bringing about $125. Recently I was offered $1000 for one of my trains that I bought seven years ago for $85."

Membership among those who collect and operate model trains is growing, according to Dr. Flowers. "I recommend it for physicians and in fact invite letters of interest from anyone who is interested," said Dr. Flowers.

Watching Dr. Flowers show and talk about his model trains is an experience in itself. The look in his eyes reminds one of the sparkle so evident in the eyes of a young child looking at his first train layout in a department store at Christmas time.

*Dr. Flowers shows headlamp from the last scheduled steam locomotive in Georgia. Collecting these historic pieces of railroad gear is referred to as railroadiana.*

*Dr. Flowers has no idea of exactly how many pieces he has in his collection. An inventory is now underway, but it would be safe to estimate that more than 5,000 pieces are represented in the collection.*

# Sesquicentennial Endowment Fund Summary

*Georgia has been divided into 18 regions based on the distribution of MCG alumni within the state. Each region contains a group of Georgia's 139 counties.*

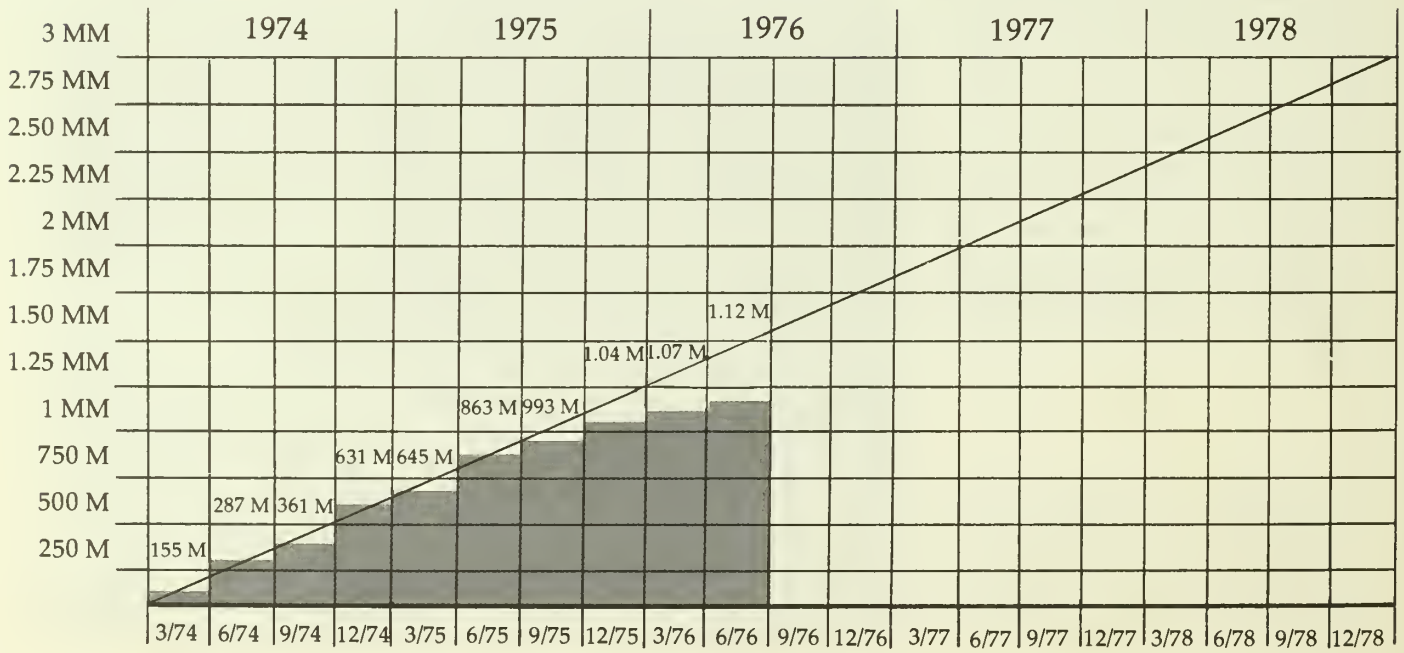
## Albany doubles pledges

More than half of MCG's 68 Albany area physician alumni have recently doubled the total dollars pledged to the Sesquicentennial Endowment Fund from that region.

In meeting with alumni leaders in Albany at a final report meeting, James C. Austin, executive director of the MCG Foundation, said, "We are grateful for the financial support our Albany and Americus area alumni are providing at this critical time in our history."

The income earned from the endowment will be used to make MCG more competitive in the health education marketplace, according to Austin.

*Graph shows quarterly progress of the Sesquicentennial Endowment Fund pledges since the kickoff of the campaign in 1974*



# Report at a Glance: Through July 1976

| | Year to Date | | | | Campaign to Date | | | |
|---|---|---|---|---|---|---|---|---|
| | No. | Amount Pledge | No. | Amount Paid | No. | Amount Pledge | No. | Amount Paid |
| *F & S | 16 | 1,797.50 | 993 | 18,066.04 | 953 | 394,172.73 | 1718 | 152,344.73 |
| Individuals | 8 | 42,605.00 | 7 | 21,505.00 | 33 | 50,166.00 | 32 | 28,566.00 |
| Corporations | 10 | 32,125.00 | 30 | 47,600.00 | 64 | 238,225.00 | 59 | 93,454.16 |
| Foundations | 3 | 1,110.00 | 4 | 2,360.00 | 20 | 130,802.88 | 21 | 99,302.88 |
| Alumni | 104 | 44,321.46 | 184 | 29,870.52 | 511 | 371,420.96 | 531 | 213,091.21 |
| Parents | — | — | — | — | — | — | — | — |
| TOTALS | 141 | 121,958.96 | 1218 | 119,401.56 | 1581 | 1,135,787.57 | 2361 | 586,758.98 |

*All faculty and staff are recorded in the Augusta area

*Through July, 1976 six groups have contributed to the Sesquicentennial Endowment Fund. The Alumni group leads all others having pledged a total of $371,420.96.*

*This summary shows Sesquicentennial Endowment Fund pledge totals by region. Through July 1976, the Augusta Region leads all other regions having pledged a total of $755,919.61.*

| | Year to Date | | | | Campaign to Date | | | |
|---|---|---|---|---|---|---|---|---|
| Region | No. | Amount Pledge | No. | Amount Paid | No. | Amount Pledged | No. | Amount Paid |
| 1 Albany | 32 | 17,585.20 | 22 | 3,600.20 | 51 | 34,895.20 | 44 | 15,175.29 |
| 2 Athens | 2 | 100.00 | 7 | 1,700.00 | 22 | 9,635.00 | 25 | 6,435.00 |
| 3 Atlanta | 7 | 820.00 | 18 | 2,207.00 | 61 | 41,630.00 | 63 | 24,292.50 |
| 4 Augusta | 32 | 48,507.50 | 1055 | 77,051.04 | 1110 | 755,919.61 | 1881 | 345,295.77 |
| 5 Brunswick | 1 | 60.00 | 1 | 60.00 | 4 | 560.00 | 4 | 560.00 |
| 6 Columbus | 8 | 35,150.00 | 21 | 20,100.00 | 23 | 93,090.00 | 32 | 47,840.00 |
| 7 Gainsville | — | — | 4 | 475.00 | 7 | 45,700.00 | 9 | 38,200.00 |
| 8 Macon | 7 | 1,075.88 | 10 | 1,367.46 | 50 | 26,441.04 | 49 | 19,041.04 |
| 9 Rome | 13 | 8,796.00 | 15 | 4,661.00 | 29 | 22,523.00 | 28 | 11,211.00 |
| 10 Savannah | 3 | 185.00 | 10 | 1,768.34 | 35 | 24,755.00 | 35 | 18,750.02 |
| 11 Valdosta | 3 | 679.08 | 6 | 1,586.92 | 9 | 6,222.42 | 11 | 5,330.26 |
| 12 Waycross | 3 | 1,535.00 | 2 | 35.00 | 7 | 12,300.00 | 7 | 4,100.00 |
| 13 Dublin | — | — | 1 | 20.00 | 5 | 1,615.00 | 6 | 1,005.00 |
| 14 Thomasville | — | — | 1 | 125.00 | 5 | 775.00 | 6 | 900.00 |
| 15 Statesboro | 2 | 206.30 | 2 | 135.10 | 5 | 591.30 | 5 | 520.10 |
| 16 Griffin | — | — | — | — | 4 | 290.00 | 4 | 290.00 |
| 17 Tifton | — | — | 1 | 475.00 | 6 | 1,175.00 | 6 | 1,175.00 |
| 18 Carrollton | — | — | — | — | — | — | — | — |
| Out-of-State | 28 | 7,259.00 | 42 | 4,034.50 | 148 | 57,670.00 | 146 | 46,638.00 |
| TOTAL | 141 | 121,958.96 | 1218 | 119,401.56 | 1581 | 1,135,787.57 | 2361 | 586,758.98 |

# Eminent sculptor executes Founders Society award

A striking sculptured replica of the original Medical College building on Telfair Street in Augusta is currently being designed and executed. It is the work of Freeman Schoolcraft, a distinguished Chicago sculptor now living in Augusta.

The finished sculpture, eventually to be cast in a brilliant white stone, will be presented to members of The Founders Society, an organization formed to honor men and women, corporations and foundations, who have contributed or pledged $50,000 or more to the Medical College of Georgia.

The foresight and determination of the original founders of the Medical College of Georgia seemed to become tangible upon completion of the massive Telfair Street structure in 1836. A magnificent example of Greek revival architecture, it was designed by C.C. Clusky. Considering the backward state of medicine in general at the time, along with the rural nature of Georgia and Augusta, it was a remarkable achievement for Dr. Milton Anthony and his associates.

Schoolcraft is a sculptor and painter referred to by many art critics as one of the finest sculptors in the country. His works appear in dozens of private and institutional collections, on many federal buildings in the Midwest, and on schools, churches and contemporary buildings around the country.

As a protege of Laredo Taft, he received intensive training in the late twenties in stone carving, clay casting processes, and the esthetics of sculpture. He toured England and Western Europe, and later studied sculpture at the Art Institute of Chicago.

With characteristic dry humor, he recalls the rigors of an artist's life during the Depression years, when many of his skills matured despite the struggle for basic survival. He studied Navajo ceremonial art in New Mexico, and since 1931, has been represented in major exhibitions at the Whitney Museum, in California, Illinois and Georgia, and at galleries and universities in other parts of the country.

He taught for nineteen years at the University of Chicago, where he also directed the Lexington gallery. He has also taught at Northwestern, The Art Institute of Chicago, and at Augusta College.

Although he is well accustomed to making small clay models of his massive classical style sculptures, this particular project is unique. "The detail required here is so exquisite," he explains, "that I find myself inventing techniques which have never been used in sculpture before, to my knowledge."

Schoolcraft is a sculptor and painter because he enjoys it. Despite the obvious effort required to produce his monumental sculptures and a large number of oils, watercolors and caseins, he jokes, "I would fish with about the same amount of intensity."

His wife, whom he first met as Cora Middleton, a student in one of his classes in Chicago, is a native of Augusta. His wife and children are accomplished artists in the tradition of their famous husband and father.

The Founders Society is one of four major organizations which honors major donors to the Medical College of Georgia. They also include The 1828 Club, honoring individuals who have contributed or pledged $10,000 or more; The Century Club, honoring donors who contribute $100 or more annually; and The Aesculapius Club, which honors donors who contribute $250 or more annually to the Medical College of Georgia. All four organizations honor gifts made through the Medical College of Georgia Foundation.

*Sculptor Freeman Schoolcraft compares an architectural drawing to a rough preliminary model of the original Medical College Building.*

*Schoolcraft examines a rough preliminary model of the original Medical College Building.*

# *Gone are those days*

**By Kenneth F. Hancock, Ph.D.**

When one not familiar with medical college admissions looks at a table or graph showing grade point averages (GPA) and medical college admission test (MCAT) scores of successful applicants over the past fifteen years, he is truly amazed by the phenomenal rise in both statistical categories. Fifteen years ago a *B* average was quite competitive, and scores on each section of the MCAT were 50 or more points below today's successful applicant. Half of those who applied for admission were accepted, while today slightly more than 25% will be offered admission. Probably 75% of those applying in 1976 would have been admitted in 1960. Expectations are that there will be a continued rise in GPA (due in part to "grade inflation") and MCAT scores of accepted students, though not so striking as in the past few years (obviously). To a great extent these rising scores are the result of an alarming increase in the number of applicants to medical schools. Even more alarming is the number of entering college freshmen who indicate a choice of medicine as a career. For each person who applies for admission to a medical school, at least two others have dropped out of the premedical program before the end of the junior year. It is predicted that the number of applicants will continue to increase faster than will available spaces in medical schools (which has been appreciable)—yes, much faster even than the need for physicians.

A topic of keen interest to medical schools and to premedical advisors alike for the past five years or so is counseling of those not accepted to medical school; how to help these generally highly qualified students to overcome their obvious disappointment and to direct them into some meaningful and rewarding alternate career, particularly into a career in health services or at least one in which their fine achievement in sciences will be used. Efforts thus far have been successful only to a modest degree, and by far the great majority of unsuccessful applicants are lost to the health professions, though an appreciable percentage eventually enter a science-related career.

It should be acknowledged, then, that having *more* high school graduates select medicine as a potential career is not a desirable goal. There is room for them in college premedical programs, and a good math-science background is a useful base for many careers; thus, a premedical education even for one rejected by medical colleges should not be viewed as wasteful. However, the time and expense associated with making application to medical colleges (an average applicant now seeks admission to eight schools) and necessary personal interviews constitute even at the present level an almost unbearable burden on the applicant, the college premedical advisory system, and the admissions committees of medical schools. Additional applicants further aggravate the situation. One simply must respond, "How far can it go?" In addition to these burdens more applicants result in more rejections, which equals additional college seniors approaching graduation full of frustration and disappointment, many of whom will bear a psychological mark for years to come.

Logically, a proper remedial course of action appears to be identification no later than the sophomore college year of those premedical students who do not appear to be academically competitive or otherwise well suited to a medical career, and then persuasion of those so identifed to understand realistically their predicament and to see the wisdom of shifting to another career program or at least of preparing for an alternate career while continuing in spite of great odds the premedical curriculum. Most of this task, of necessity, will be shouldered by the college premedical advisors, but thus far few of them have assumed seriously a responsibility of counseling students to "quit my program". Reluctance to emphatically advise less competitive premedical students to change career goals is due in part to our inability to determine with assurance just which students are noncompetitive, to distaste of confronting a student with unwelcome and unpopular choices, and to competition between teachers, departments, and programs within a college or university (numbers speak loudly in academic affairs). Probably most advisors have tried gently to present the "facts of life" to these students and let them take the lead in seeking an alternate career or in continuing with unshaken confidence that somehow they will become physicians. Some students just can't be convinced that they have almost no chance of being admitted; others will continue in premedicine simply to enjoy the

prestige assumed to be inherent to this program.

It is probable that in future years progressively fewer successful medical school applicants will stumble into, or by accident or mere chance decide upon, medicine as a career or will make this choice as late as their junior or even sophomore college year. Another luxury which already has become history is that of waiting until the junior year of premedical work to bear down on one's studies. Today, even *one* quarter of poor grades may be sufficient to jeopardize one's chances of admission, in view of the fact that many applicants with GPA above 3.5 are rejected each year. The only salvation for the student who plays around during his freshman year (or later) is a very high MCAT score plus many other outstanding qualities. And since the MCAT is not taken until the last part of the junior year, there is no chance for coasting on one's MCAT score. For the great majority, admission to medical school will be the culmination of much thought, investigation, and self-evaluation in high school and college, accompanied by an academic program to support appropriately such a career goal.

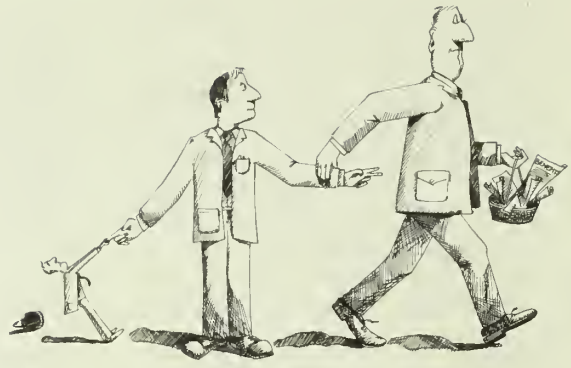
Certainly the point is not to discourage any young person who has excellent ability and exceptional qualities from carefully considering medicine, but rather to ensure that the prospective medical student "faces up" to the demands of medical admissions (academic, character, personality, etc.) in sufficient time to become the most desirable candidate he possibly can be.

How can the practicing physician help high school students interested in medicine to get off on "the right foot"? Most high schools now have guidance counselors who have been professionally educated in that field, but most, however are severely limited in their knowledge of many professions and the requirements for admission to them. Thus, a physician can serve as a vital resource supplement to the school guidance program. First, the physician can provide the potential medical student a dimension of realism, an insight into the medical profession which no guidance counselor can match. This can be done by having the counselor screen high school rolls for those students having excellent over-all academic ability and a keen interest in math and science (keeping in mind that some high ability students make mediocre grades until motivated) for referral to the physician, who then may progressively introduce those interested to the field of medicine in a manner consonant with his specialty, facilities, time, and interest. He should not dwell on sensational aspects of medical practice but rather try to show a variety of activities typical to medical practice today. Doubtless, this will involve not only his practice but also a superficial view of several medical specialties, and as performed in the office, the examination and treatment rooms, and in various hospital facilities. The physician should be careful not to motivate someone unwisely toward medicine, which may result by over-dramatization or by otherwise presenting a one-sided, glamorized view of medical practice. Secondly, the physician can be of much help by emphasizing the *absolute necessity* of maintaining consistently high grades and taking the right courses, along with developing proper qualities of character, personality, and motivation. Hearing it said by someone in the field of medicine, "from one who's been there", carries more weight than does advice from a high school guidance counselor (or college premedical advisor).

In order for the practicing physician to be truly useful in the task of counseling potential medical students, he obviously must be continually aware of the status of medical school admissions, particularly with medical colleges in his state. He cannot simply reflect on what it was like when he went to college and medical school.

*Author Kenneth F. Hancock, Ph.D., is professor and chairman of the Department of Biology at Berry College, Rome, Georgia. He is the Health Professions Advisor for Berry, and has counseled and advised students there for several years. Dr. Hancock is quite familiar with the changes that have occurred in medical school admissions and offers some valuable information to prospective medical students here in his article.*

In conclusion, may it be emphasized that "gone are the days" when competition was not very keen for available spaces in medical classes, when a student could expect admission if he had "good" rather than "outstanding" qualities; gone for the most part are the days of poor motivation and improper reasons for seeking a career in medicine; and gone, too, are the days of last minute decisions to enter medicine and of taking it easy for a year or two in college before settling down to serious studies. Frankly, the medical profession is better because of these changes. To all physicians who completed medical school more than ten years ago, "It ain't like it use to be".



# Faculty raiders have easy job in some state-supported institutions

By D. G. Nichols

Dr. Donald Leonard's contract expired recently and as a result he has received several most attractive offers for his services. Some offered very high salaries to him. Others promoted the virtues of their community environments. Still others talked about their handsome fringe benefit packages.

Situations like this are commonplace in business and industry. But Dr. Leonard is neither a high level corporate executive nor an industrial quality control expert.

He's a member of the faculty at the Medical College of Georgia. But, even more importantly, he is one of the world's leading cancer researchers, having received wide acclaim for his work. Some of those bidding for Dr. Leonard's services are among the country's most prestigious medical centers.

Such situations are not common occurrences in the academic world, according to a recent report by The Wall Street Journal. "But despite higher education's much-publicized problems—including a shortage of funds and a surfeit of qualified instructors—educators say that a surprising number of institutions are making forays to other campuses in search of teaching talent." And, an obvious target are the faculties at public-supported institutions.

The Medical College of Georgia is one of 33 units of the University System of Georgia that falls into this catagory. But, what makes MCG exceptionally vulnerable is the fact that it is Georgia's only publicly supported health sciences university.

Most health sciences schools—primarily medicine and dentistry—are private institutions. That means that their governing boards are empowered to take immediate action when necessary to retain outstanding faculty.

The Medical College of Georgia, as part of one of the best higher education systems in the country, cannot move as rapidly and is not in a position to negotiate counter offers with faculty members who may be lured to private institutions by attractive offers.

According to Dr. Leonard, one medical school offered a three year contract which called for annual raises of 10 per cent. It offered an immediate salary of $8,000 more than he is making at MCG. And they threw in a fringe benefit that fully paid for all his dental work and for members of his family.

MCG's cost of living raises over the past 18 months would leave little hope for Dr. Leonard, who has to meet the inflationary demands on his personal family expenses.

Another school which contacted Dr. Leonard about relocating to its campus in the Mid West, invited him to bring his family and spend a week in the community, lease a car for transportation and stay in the town's finest hotel—all expenses paid for by the school. MCG cannot make such an offer within the confines of its state budget to its prospective faculty members.

Landing a professor of Dr. Leonard's caliber can mean much to an institution. His mere presence not only boosts the prestige of his department, but also serves as a magnet in attracting other top-notch teachers and cancer reseachers.

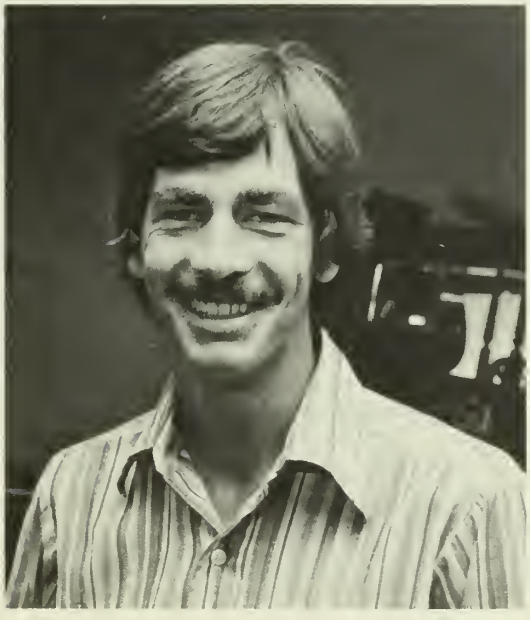
The Wall Street Journal points out that, "Some of the best professors in the public university systems are trying to get out because of the uncertain finances of those systems." And for those who are interested in leaving the publicly-supported systems, it won't take long. For like our fictional Dr. Leonard, if they're good, the scouting teams for the raiders have probably already got those names on their lists.

What would you do in this situation? Dr. Leonard is certainly worth keeping but the system does not allow for the kind of flexibility required for this specific case. There is an answer. The MCG Foundation, Inc. could provide a faculty supplement if it had the necessary endowment to make MCG competitive. Think about it. It has merit.

# Dental School holds sixth successful enrichment program

**By Susan Martin**

*Chris D. Tomlins won first place for his table clinic "Working and Setting Times of Polysulfide and Polyether Impression Materials." He will represent MCG at the ADA meeting this fall.*



*Joseph L. Cowart received second place during Enrichment Day for his table clinic "Measuring the Fit of a Dental Casting."*

Enrichment can be anything from operating a mobile unit dental clinic to working on an Indian Reservation out west . . . at least that's what Dr. J. Earl Williams, Chairman of the Enrichment Committee says about enrichment at the MCG Dental School.

The enrichment program at MCG was designed when the dental school began and has been in operation for the past six years. Enrichment is a continuous three-week concentrated study on an elective chosen by the student. This is the only time for the dental students to take electives. When designing the enrichment program, faculty members decided that a three-week concentrated effort on an elective would be more beneficial than maybe two or three hours a week during the regular school year. With all the pressures of classwork, exams and clinical work, they felt the electives might be pushed to the "back burner". By taking elective courses alone for a short period of time the students seemed to gain more insight into the courses.

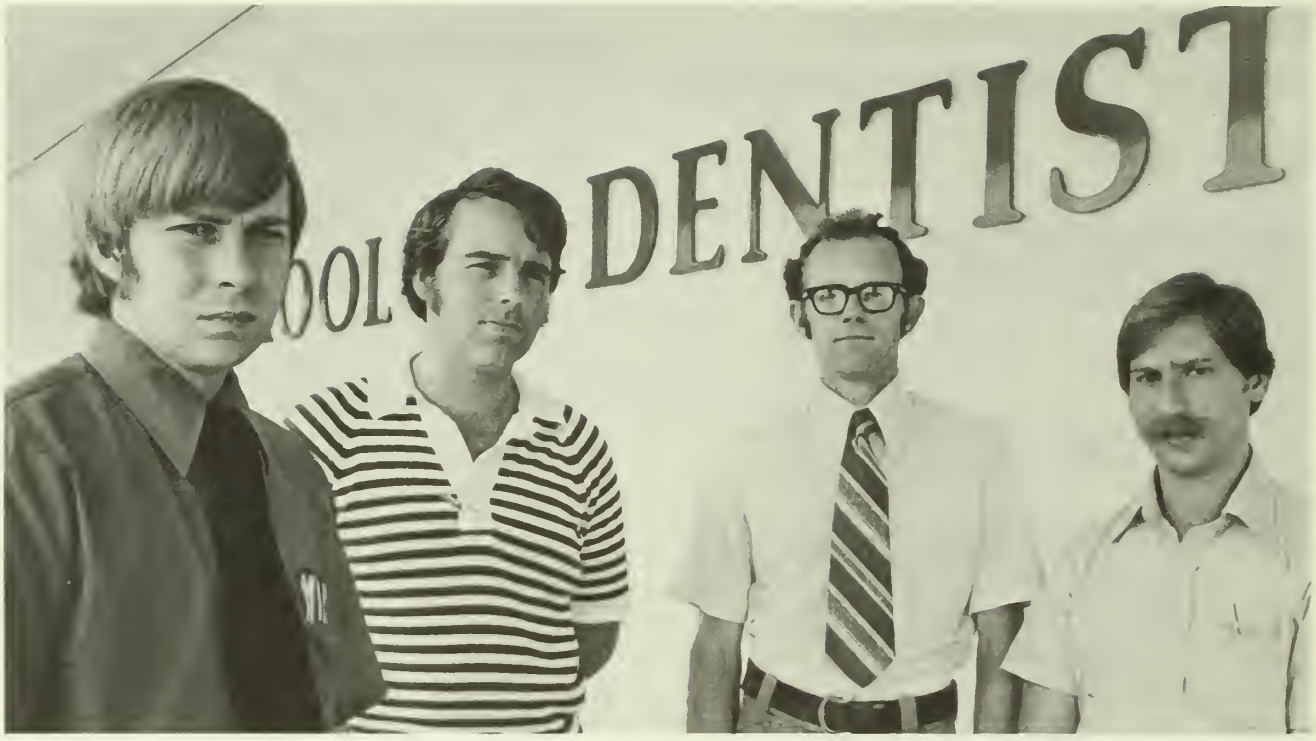
First and second year students are required to participate in the enrichment program and receive credit for their studies. The students may choose either a faculty-designed course or a self-designed course which must be approved by the enrichment committee. These courses can be taken as one full-time course or two half-time courses during the last three weeks in June of each year.

Faculty participation is a must in the enrichment program. Each different course has a faculty member who teaches, directs or advises the student. Many times faculty members will be working on a special project and will ask a student to assist them. In turn the student receives credit for his enrichment course.

This year, with the administrative help of MCG, 31 students traveled to do their enrichment work. They went everywhere from Miami, Fla., the Dominican Republic and Indianapolis, Ind. to Hiawassee, Ga. Fifteen students went to Indian Health Stations to administer dental care and also to be oriented to health care delivery. They were supervised, but were given quite a bit of freedom to do extractions, amalgam fillings, bridge and crown work; the kind of things that a general practitioner would be confronted with in a day to day practice.

Another group consisting of dental and dental technology students traveled to Honduras. They spent two weeks working in a dental clinic making over 30 sets of dentures, extracting over 200 teeth, doing numerous amalgam fillings and teaching basic dental hygiene to the natives.

While some traveled, many students stayed in Augusta to do their enrichment studies. Courses such as preventive dentistry, hypnosis, basic science research, orientation to private practice and many more were offered here. A mobile dental unit




*Tieing for third place were from left Derrick K. Wilcher and James R. Cheever who presented "Electrical Stimulation of Mineralized Connective Tissue" and Charles A. Ross and Stanley A. Stein with their project "Naturalization of Artificial Teeth."*

belonging to the Department of Human Resources was operated by a group of students. They treated low-income children in the Augusta area and were overwhelmed by the work they accomplished.

Another highly successful program in the Augusta area was the screening of patients at nursing homes. The students taught the personnel how to practice dental hygiene on their patients; how to care for the patient's teeth and dentures.

Enrichment Day is a day of reports, a summary of what enrichment has meant to the students and to the faculty. It was held on July 1st this year and oral presentations and table clinics took place during the morning. A luncheon for the faculty, participating students, alumni and local practitioners was sponsored by the Medical College of Georgia Foundation, Inc. During the afternoon Dr. Edwin Joy, Chairman of the Department of Oral Surgery, made a presentation entitled "The Human Pain Experience". An open house of the dental school was conducted with faculty members available to answer questions from the alumni and local practitioners. It was a full and rewarding day for those present.

Although all first and second year students must participate in enrichment, some students actually presented their projects during the Enrichment Day Program. This is done on a voluntary basis. Competition among the volunteers encourages students to participate. They are judged and awarded prizes and the first place winner is sent to the annual American Dental Association meeting as MCG's representative. He displays his project and is judged along with other dental students from all over the country.

At the end of the enrichment period, students summarized their experiences in reports which completely gratified the faculty. Many students shared their personal experiences with Dr. Williams and they related to him that through enrichment they began to put the whole picture of dentistry together. By seeing a clinic in operation, working on a new technique in the lab or administering dental health care to patients in a completely different culture they realized what dentistry is all about. That is the main reason Dr. Williams feels that enrichment is one of the most exciting programs in the dental school today.

# Nominations sought for first annual "Outstanding MCG Alumnus" award

The Medical College of Georgia Foundation is accepting nominations for the first annual "Outstanding MCG Alumnus" award to be announced on December 20th, the anniversary of the chartering of this school in 1828.

The Foundation is sponsoring this new award to honor an outstanding MCG alumnus each year for his or her service to community, church, profession and school. In making the announcement, James C. Austin, executive director of the Foundation, said, "The MCG Foundation is pleased to be able to honor our alumni this way. For many years, they have served voluntarily in many activities that have improved our quality of life. This new program will enable us to honor these professionals for their dedication."

All graduates of the Medical College of Georgia are eligible to be nominated for the award. Nominations may be submitted by anyone—alumnus or non-alumnus. The deadline for receiving nomination forms for the "Outstanding MCG Alumnus" is October 22, 1976.

Nominations will be judged by a panel of five representatives—two from the Board of Trustees of the Foundation, two business and civic leaders from the President's Advisory Council, and the Executive Director of the Foundation.

As indicated on the nomination form on this page, judging will be based on criteria that includes civic, social and professional involvement and achievement following graduation from MCG.

The winner will receive an award and recognition from the Foundation, and will be featured in *MCG Today*. In addition, the outstanding alumnus and his or her spouse will be the guest of the Foundation for dinner with MCG President Dr. William H. Moretz and Mrs. Moretz in Augusta.

Nominations should be sent to:

Outstanding Alumnus
Medical College of Georgia Foundation, Inc.
Alumni-Foundation Center
Augusta, Georgia 30901

Again, deadline for receiving nominations is October 22, so please act as soon as possible.

## Outstanding Alumnus Of The Year—1976

### Nomination Form

Name of nominee _____

Address (Home) _____ (Office) _____

Phone (Home) _____ (Office) _____

Present occupation or specialty _____

Where practicing or employed _____

Birthdate _____ Where _____

Parents _____

Spouse's name _____ Children _____

_____

Education:

Civic, Social, Professional and Honorary Offices and Affiliations:

Professional involvement:

MCG involvement:

Honors:

Authorship:

Special interests and achievements:

Reasons nominee is particularly qualified to receive this distinguished alumnus award:
(Use separate sheet)

Name of nominator

_____

Address _____ Phone _____

Signature _____ Date _____

# campus news

## Ault named acting dean

Leilee Powell Ault, professor of nursing, was named acting dean of the MCG School of Nursing by MCG Pres. William H. Moretz, June 29.

Mrs. Ault has served on the school's faculty since its inception in Augusta in 1956. Prior to that, she was assistant head of the basic nursing program at the University of Georgia.

She has served in the departments of adult nursing and distributive nursing and held an instructorship in the undergraduate program. Mrs. Ault was an administrative and research assistant to the dean of the school from 1962 through 1976.

She is a 1950 graduate of the University of Pennsylvania, where she received her Masters degree the following year. Prior to her matriculation at the university, she served in the U. S. Army Nurse Corps from 1945-47.

Mrs. Ault is a member of several professional organizations, including the Georgia State Nurses Association, the National League for Nursing and the American Association of University Professors.

## foundation trustee

Dr. James Smith has been elected to the Board of Trustees of the Medical College of Georgia Foundation, Inc.

Dr. Smith is a 1958 graduate of the Medical College and has been in private practice in Rome since 1962. He completed residencies in internal medicine in Savannah and Augusta prior to establishing his practice in Rome.

## deans appointed

Three new associate deans have been approved for the Medical College of Georgia by the Board of Regents of the University System.

MCG President, Dr. William H. Moretz, says Dr. Boyd Sisson is associate dean for admissions and Dr. Thomas F. McDonald is associate dean for basic sciences, both in the School of Medicine; and Dr. Biajio J. Vericella is associate dean for academic affairs in the School of Allied Health Sciences.

All of the appointments were effective July 1.

Dr. Sisson came to the Medical College in 1959 and currently is professor of psychiatry. He earned the BS degree from the College of William and Mary and the PhD degree from the University of Nebraska.

Dr. McDonald presently is professor of anatomy, and he has been at MCG since 1967. He earned the PhD degree from Loyola University.

And, Dr. Vericella is associate professor of allied health education in the Division of Educational Research and Development. He earned the EdD degree from the University of Miami and has been at the college since 1973.

## student wins grant

Dr. Dennis Pillion, a 1976 graduate in biochemistry from the Medical College of Georgia's School of Graduate Studies, has been awarded a grant for postdoctoral research at Brown University by the National Institute of Health.

Dr. Pillion's grant will allow him to continue research for up to three years at the Providence, R.I. institution.

He was awarded the PhD degree in June, following four years of study at the college.

Dr. Pillion's research at the Medical College concentrated on mechanisms by which kidney cells transport amino acids and sugars. Research was conducted under the direction of Dr. Frederick Leibach, assistant professor of biochemistry in the department of cell and molecular biology.

Dr. Pillion will continue his research with Brown's Dr. Michael Czech in the division of biological and medical sciences.

## chairmen named

Mrs. Carolyn D. Foster has been named chairman of the department of maternal child nursing and has been at MCG since 1972.

Mrs. Foster's new position became effective July 1.

Dr. Richard E. Walton has been appointed chairman of the department of endodontics in the School of Dentistry, effective July 1. He also serves as associate professor of endodontics and oral biology and has been at MCG since 1972.

# national news

## effects of testosterone

The male steroid hormone testosterone may be the major reason men are more susceptible to heart attacks than women, at least before women go through menopause.

Researchers at Georgetown University Medical Center in Washington studied the effects of testosterone on thrombosis and thrombosis-caused death in rats.

They found that young male rats have twice the thrombus size and thrombosis death rate of young female rats. When female rats were injected with testosterone, it markedly increased the rate of thrombus formation and increased the deathrate from thrombosis more than fourfold.

Researchers say that this result strongly indicts testosterone as a causative or conspiratorial agent in thrombosis and thrombosis-caused deaths.

**(Science News, vol 110, no 3, p. 37, July 17, 1976).**

## diseased corneas

Treatment of diseased corneas has undergone numerous advances in electronics and chemistry during the last few years.

Almost all corneal surgery is now conducted under the microscope through binoculars which magnify the patient's eye. Microscopic-sized sutures made of nylon that don't react with eye tissue and invite transplant rejection are used in surgery. And, as a result, corneal transplants have climbed from a 30 percent success rate 15 years ago to an 80 percent success rate today.

Chemical technology has also boosted corneal surgery through development of soft contact lenses. The soft lenses can be worn instead of glasses to correct light-refractive errors in the cornea. They can also help prevent corneas from buckling in patients with corneal diseases.

**(Science News, vol 109, no 19, p. 295, May 8, 1976).**

## seaweed may be effective for viruses

Seaweed has potent medicinal properties which may be effective in treating certain viruses according to researchers Douglas Ehresmann and E. Frank Deig of the University of California's Naval Biosciences Laboratory and School of Public Health.

The two researchers tested 28 species of red, green and brown seaweed and found that the red group (Rhodophyta) alone contains species with an active agent that is able to prevent multiplication of the herpes simplex virus (types 1 and 2).

These two viral forms are responsible for the common cold sore, a severe eye infection tagged herpes keratitis, and genital herpes, the venereal disease more common than syphilis.

**(Science News, vol 109, nos 23 & 24, p. 361, June 5 and 12, 1976).**

## researchers look at marijuana

Researchers, saying that marijuana does have some positive medical effects, are beginning to examine closely the implications of using it as medicine.

The most recent reports indicate marijuana may be effective in the treatment of asthma and other respiratory ailments.

Louis Vachon of Boston University School of Medicine and Donald Tashkin of the University of California have found that air flow in the bronchial passages is increased significantly after smoking marijuana. Both researchers used volunteers to conduct their experiments.

**(Science News, vol 110, no 4, pp. 55 and 58, July 24, 1976).**

## rattlesnake blood

Rattlesnake blood contains an antivenom factor which protects venom-injected laboratory animals, with fewer side effects, than commercial antivenoms made from venom and horse serum report three Utah researchers.

Richard C. Straight and J. L. Glenn of the Veterans Administration Hospital in Salt Lake City and C. C. Snyder of the University of Utah have found a protein factor in the blood plasma of Eastern and Western diamondback rattlesnakes will neutralize the lethal toxic effects of venom on rabbits and mice better and faster than commercial antivenom.

Antibody-horse serum preparations were used quite successfully for decades, but have lost some emergency treatment effectiveness.

**(Science News, vol 109, no 22, pp. 341, 342, May 29, 1976).**

# Alumni News Events Activities Class Notes Alumni News Events Activities Class Notes

## Deaths

W. R. Lanier, Miami, Fla., 1912

John R. Lewis, Sr., Louisville, 1915

C. B. Fulghum, Milledgeville, 1930

W. R. Snelling, Columbus, 1931

A. K. Temples, Spartanburg, S. C., 1934

O. T. Gower, Cordele, 1937

Robert E. Peck, Westbury, N. Y., 1940

E. M. Stokes, Tulsa, Okla., 1942

H. R. Fenn, Americus, 1943

R. J. Brown, Jacksonville, Fla., 1944

L. C. Yeargin, Dalton, 1950

## MEDICINE

**John A. Bell, Jr.**, '34, has been named Georgia's Family Physician of the Year. The award was presented to Dr. Bell at the annual session of the Medical Association of Georgia. He has been in general practice in Swainsboro since 1935.

**James F. Flanders**, '42, was appointed director of the Medical Department for Hercules, Inc. in Wilmington, Delaware. Dr. Flanders is a senior physician of the Wilmington Medical Center, a diplomate of the American Board of Internal Medicine and a member of the American College of Physicians.

**Corbett Thigpen**, '45, has been asked to conduct two Category I, three-hour lectures entitled "Psychiatric Emergencies: Depression and Its Ramifications" during the 1976 Combined Scientific Assembly of the American College of Emergency Physicians and the Emergency Department of Nurses Association. This meeting will take place in New Orleans on Oct. 12-14. Dr. Thigpen will also give a Category I lecture on November 8 to about eighty psychiatrists at the Creedmore Psychiatric Center in Queens Village, New York, on Dissociative States.

**Edwin C. Shepard**, '48 of Savannah, has been elected a trustee of the University of the South in Sewanee, Tenn.

**Carl R. Hartramph**, '56, has been promoted to clinical associate professor of surgery (plastic and reconstructive) at Emory University.

**Milton I. Johnson**, '60, was elected second vice president of the Medical Association of Georgia at the group's annual state convention April 9-11 at Jekyll Island. Dr. Johnson will serve on the MAG executive committee, the policy making body. He has engaged in family practice in Macon since finishing his internship.

**Gordon C. Miller**, '62, was recently promoted to clinical assistant professor of cardiology at Emory.

**Garnett J. Giesler**, '64, has joined the Clark-Holder Clinic in LaGrange. He was recently promoted to clinical assistant professor of pulmonary diseases at Emory and is working in the pulmonary section at the E West Georgia Medical Center in LaGrange.

**John B. Hardman**, '68, has been promoted to clinical assistant professor of child psychiatry at Emory.

**Frederick Crisler House**, '68, is now in the private practice of Allergy and Clinical Immunology in Augusta. He is a diplomate of the American Board of Allergy and Immunology and he and his wife, **JoAnn**, (Nsg. '66) have 2 children, Marian, 6 and John, 2.

**Charles Robert King**, '68, and **William Nicholson**, '69, have joined the staff of the Brunswick Hospital. Dr. King is certified by the American Board of Orthopedic Surgery and will be associated with **Don R. Roberts**, '57. Dr. Nicholson is board certified by the American Board of Otolaryngology and will practice with Dr. E. W. Friederich.

**Robert T. Buchanan**, '69, has begun a residency in plastic surgery at Washington University—Barnes Hospital in St. Louis, Mo. He recently completed his general surgery residency at the University of N. C. in Chapel Hill.

**Harry Eugene Dawson, Jr.**, '69, has joined the Harbin Clinic in Rome. He has completed a residency program in plastic and reconstructive surgery at the Baylor College of Medicine in Houston after a three-year surgical residency at the Memorial Medical Center in Savannah. Dr. Dawson is a candidate for membership in the American College of Surgeons.

**James Y. Jones**, '69, has begun his opthalmology practice in Dublin. He interned in Spartanburg, S. C. and did a residency at Walter Reed Army Medical Center in Washington, D. C. He and his wife have two daughters, ages 8 and 3.

**John W. Darden**, '71, has joined the association of Doctors P. K. Dixon, Stuart Blackshear, '49 and Wiley S. Black, '62 in the practice of general surgery in Gainesville. He recently completed his residency at MCG. Dr. Darden and his wife, Sally have two children, Jay, 5 and Katy, 3.

**William A. Manus**, '71, has gone into practice with Dr. C. J. Walker in Gainesville as a family practitioner. Dr. Manus completed his residency training at Newport News, Va. in 1974 and was board certified. For the past two years he has been in the Navy in Jacksonville where he was on the family practice teaching staff.

**William K. McCord**, '71, is currently a staff pediatrician in the Dept. of Pediatrics, Naval Regional Medical Center in San Diego. He is a diplomate of the American Board of Pediatrics and is a past vice chairman of the San Diego Community Child Abuse Coordinating Council.

**James H. Rogers**, '71, has completed his fellowship in pediatric cardiology at MCG. He is a major in the air force and will be assigned to Wilford Hall, USAF Medical Center at Lackland AFB, Texas. Dr. Rogers was recently certified a diplomate of the American Board of Pediatrics.

**Philip Bates Bailey**, '72, and his wife Dell have a new daughter, Melissa Bates Bailey. Dr. Bailey has begun residency training in internal medicine at the Mayo Clinic after completing a tour of duty in the Navy.
**James R. Blanton**, '72, has joined the medical staff of Hall County Hospital in Gainesville as an emergency room physician. His wife **Elisabeth Blanton**, '72, has been appointed to the Public Health Committee of the American Medical Women's Association. She is currently working towards a masters degree in community health and is the health director in Lawrenceville. The Blantons are residing in Stone Mountain.
**Elizabeth K. Ledbetter**, '73, was designated as a naval flight surgeon in ceremonies at the Naval Aerospace Medical Institute in Pensacola, Fla. She has reported for duty with the Naval Air Facility in Misawa, Japan.
**Ronald N. Whitmire**, '73, has completed three years of training at Emory University and is now beginning his second year in Otolaryngology. He and his wife, Carol announce the birth of a daughter, Amy, born March 24, 1976.
**James R. Hagler**, '74, has completed his internship in Columbus Medical Center and has begun his duty in the service. He graduated from the flight surgeon program in Pensacola, Fla. and is now stated in Virginia Beach.
**Joseph Hobbs**, '74 and **Ronald Spearman**, '74 are head residents for the Departments of Family Practice and Medicine, respectively at MCG.
**James W. Mimbs**, '69, has been appointed assistant physician of Barnes Hospital and faculty in the division of Cardiology of Washington University in St. Louis, Mo. He received the Buder-Peters Research Award from the American Health Association (St. Louis Chapter) for 1976-77. In addition, Dr. Mimbs is a participating investigator for a recently awarded N.I.H. grant studying the characterization of myocardial infarction by ultrasound.

# ALLIED HEALTH SCIENCES

## Dental Hygiene

**Cathy Domenica Anquilla**, '76, is a dental hygienist for **Douglas Clepper** (Den. '73) and **Reamer Allmond** (Den. '73) in Augusta.
**Lynne Dianne Copeland**, '76, is working in Augusta for Dr. Carl Tully as a dental hygienist.
**Susan Eubanks Dobbs**, '76, is employed with Dr. William T. Bass in Augusta as a dental hygienist.
**Linda Ann Nearing**, '76, of Dunwoody, is a dental hygienist for Dr. Robert K. Nelson.
**Michele Bennett**, '76, was married to George L. Ivey on June 26, 1976.
**Stephanie L. Holmes**, '76, is working for Dr. J. C. Mixon in Gainesville.

## Medical Record Administration

**William G. Cox**, '76, is the chief medical record administrator at the VA Hospital in West Roxbury, Mass.
**Sharon R. Elstein**, '76, of Augusta is employed with University Hospital as a tumor registry secretary.
**Hazel Janice Flinn**, '76, is working as a utilization review coordinator at University Hospital in Augusta.
**Marjorie Ann Herring**, '76, is with Sunland Hospital of Tallahassee working as a medical record administrator.
**Joan Marie Murray**, '76, is an assistant medical administrator at Shands Teaching Hospital in Gainesville, Fla.
**Susan Lynn Phillips**, '76, is employed by the Aiken Community Hospital as the assistant director of the medical records department.
**Laura Jean Still**, '76, is the assistant director for the medical records department for the Americas and Sumter County Hospital.
**Betsy Philo Waldrop**, '76, is an instructor in medical record administration at the Medical University of S.C.
**Mary Ellen Wallace**, '76, is working at MCG as an instructor and clinical coordinator for the department of medical records.

## Medical Technology

**Beverly Ann Beville**, '76, is employed with the University of Ala. as a blood bank technician.
**Jill Elizabeth Francis**, '76, is working at University Hospital in Augusta as a medical technologist.
**Gwendolyn Middleton Payton, Mildred Gilman Smith**, and **Deborah Lea Willard**, all 1976 graduates are working as medical technologists at Talmadge Hospital in Augusta.

## Occupational Therapy

**Debbie Kay Carter**, '76, is an occupational therapist at MCG.
**Vicki Hightower Maxwell**, '76, is working in Carrollton at Tanner Memorial Hospital as an occupational therapist.
**Maralynne Denise Mitcham**, '76, will enter MCG as a graduate student in the health education program.
**Laura Anne Stravinskas**, '76, works at Norristown St. Hospital in Norristown, Pa. as an occupational therapist.
**Mary Inez Thornton**, '76, of Thomaston, is an occupational therapist in the Army.

## Physical Therapy

**Paula M. Adams**, '76, works as a staff physical therapist in the Rotary Rehabilitation Center in Mobile, Ala.
**Alina Hortensia Calzada**, '76, is working at Northside Hospital in Atlanta as a Physical therapist.
**Sandra Camilla Craft**, '76, is a physical therapist at the Ga. Warm Springs Hospital.
**Robert Shelby Price**, '76, works at Baptist Memorial Hospital in Gadsden, Ala. as a physical therapist.
**Martha Lee Ramell**, '76, is a staff physical therapist at Parkway General Hospital in north Miami Beach.

## Radiologic Technology

**Michael David Emery**, '76, is an instructor in the School of Radiologic Technology at the McCleod Memorial Hospital at Florence, S.C.

# DENTISTRY

**Donald Jefferson Payne**, '73, has opened his practice in Lyons. He has completed a tour of duty in the U.S. Navy as a member of the Dental Corps and later served as an instructor at MCG.
**Lee A. Bell**, '73, has associated with Dr. Donald M. Alexander, Jr, in Brunswick in the practice of periodontics.

# GRADUATE STUDIES

**James C. McPherson, III**, '76, is a research assistant at MCG.
**Dennis Joseph Pillion**, '76, is a post-doctoral research fellow at Brown University in Providence, R.I.
**Claudia Nan Allen**, '76, is employed with Fort Gordon as a medical technologist.
**Britt Hanson**, '76, is heading up the medical illustration department at the VA Hospital in Minneapolis, Minn.

## NURSING

**Margaret Gibson Duckworth**, '62, is an instructor of nursing at Clayton Jr. College. She and her husband Robert have 5 children: Bobby, 17, Mike, 16, John, 14, Time, 13 and Margaret Anne, 11.
**Catherine Summerlin**, 59, has been promoted to associate professor at Georgia College in Milledgeville and is the director of nursing education.
**Lynn McKneeley Garrard**, '70, is a nurse epidemiologist for Anderson Hospital in Anderson, S.C.
**Lynn Davis**, '70, is a missionary for the Southern Baptist Convention in Kisumu, Kenya. She has her own mobile clinic and raises chickens for a hobby. She is back in the U.S. on a 6-month furlough but will be returning to Kenya in December.
**Carol Larew Baecher**, '76, is an assistant professor of nursing at the University of S.C.
**Joyce Smithwick Billue**, '76, is an instructor in the School of Nursing at MCG.
**Mary Fluker Binns**, '76, is employed by the Gracewood State School and Hospital as an instructor.
**Ann Speir Haga**, '76, is a staff nurse and part time inservice instructor for the Gwinnett Hospital Authority.
**Mamie R. Hammock**, '76, of Augusta is a supervisor in child and adolescent psychiatry for the Ga. Department of Human Resources.
**Melinda McDowell McLemore**, '76, is working for the Glynn County Health Department as a nursing supervisor.
**Mary H. Qualey**, '76, of Chamblee, is the coordinator for the continuing care department at St. Joseph's infirmary in Atlanta.
**Edward Anthony Turowski**, '76, of Morganton, N.C. is an instructor of nursing at Western Piedmont Community College.

## DON'T FORGET

MCG School of Medicine
Alumni Association Receptions

during the
Southern Medical Association's
Scientific Session
November 8, 1976
6:00-7:30 p.m.
Iberville Room, New Orleans
Marriott Motor Hotel

and
during the
Medical Association of
Georgia's Annual Scientific
Session
November 19, 1976
6:00-7:30 p.m.
Omni International Hotel,
Atlanta

1976—1977

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March 10—12, 1977

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The Atlanta Marriott
Atlanta, Georgia
March 17—19, 1977

CORNEAL AND EXTERNAL
DISEASES OF THE EYE
Holiday Inn of Jelyll Island, Georgia
March 28—30, 1977

INTERNAL MEDICINE
Holiday Inn of Jekyll Island, Georgia
June 9—11, 1977

Other programs are developed for presentation at community hospitals or medical societies in response to requests (call Dr. Glen E. Garrison, 404-828-3967).

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